



SERIAL NO.

822115

FOR DEPARTMENT OF VETERANS AFFAIRS USE ONLY
MICROFILM ID NO.**IMPORTANT:** Do not complete this application if the veteran's grave is already marked with a private monument even though the veteran's military data is not shown; please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. Blocks with shaded titles are optional inscription items or for completion by selected cemeteries; all other blocks must be completed, except blocks 2 and 27 if not applicable. The copy of this application is for the applicant's use.**1. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (No nicknames or titles permitted)**

FIRST (Or Initial)

MIDDLE (Or Initial)

LAST

2. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27. (e.g., lost at sea, remains scattered, etc.)☐ REMAINS NOT BURIED**VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-41)****NOTE:** Failure to provide correct nos. may delay receipt of headstone or marker**PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)**

3A. SOCIAL SECURITY NO.

3B. SERVICE NO.

5A. DATE(S) ENTERED

5B. DATE(S) SEPARATED

MONTH

DAY

YEAR

MONTH

DAY

YEAR

4A. DATE OF BIRTH

4B. DATE OF DEATH

MONTH

DAY

YEAR

MONTH

DAY

YEAR

6. HIGHEST RANK ATTAINED

7. BRANCH OF SERVICE (Check box(es) - must be consistent with rank)

ARMY

NAVY

AIR FORCE

MARINE

COAST

ARMY AIR

OTHER

☐ AR☐ NA☐ AF☐ MC☐ CG☐ AC☐

8. VALOR OR PURPLE HEART AWARD(S) (Check box(es) and provide documentation)

CONGRESSIONAL

MEDAL OF

HONOR

☐ MOH

DST SVC

CROSS

☐ DSC

NAVY

CROSS

☐ NC

AIR FORCE

CROSS

☐ AFC

SILVER

STAR

☐ SS

PURPLE

HEART

☐ PH

9. WAR SERVICE (Check applicable box(es))

WORLD

WAR I

☐ WWI

WORLD

WAR II

☐ WWII

KOREA

☐ KO

VIETNAM

☐ VN

OTHER

(Specify)

☐

10. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT

BRONZE

☐ B

FLAT

GRANITE

☐ G

UPRIGHT

MARBLE

☐ U

FLAT

MARBLE

☐ F

BRONZE

NICHE

☐ Z

UPRIGHT

GRANITE

☐ V

LATIN CROSS

(Christian)

☐ 01

WHEEL OF

RIGHTEOUSNESS

(Buddhist)

☐ 02

STAR OF

DAVID

(Judaism)

☐ 03

OTHER (Specify) See reverse of back copy for illustrated authorized emblems

12. APPLICANT'S NAME AND ADDRESS (No., street, city, State and ZIP Code)

13. RELATIONSHIP TO DECEASED

14. DAYTIME TELEPHONE NO. (Include area code)

CERTIFICATION: I CERTIFY THE HEADSTONE OR MARKER WILL BE INSTALLED ON THE VETERAN'S UNMARKED GRAVE AT NO EXPENSE TO THE GOVERNMENT AND ALL STATEMENTS MADE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

15. SIGNATURE OF APPLICANT

16. DATE

STATE VETERANS' CEMETERY AND GRAVE LOCATION (If applicable)**PRIVATE CEMETERY**

17A. ID CODE

17B. SECTION

17C. GRAVE NO.

18. ID CODE (If applicable)

19. NAME AND ADDRESS OF PERSON, CEMETERY, OR OFFICIAL (CONSIGNEE) WHO WILL ACCEPT PREPAID DELIVERY (No. and street, city, State and ZIP Code); P.O. BOX IS NOT SUFFICIENT

20. DAYTIME TELEPHONE NO. (Include Area Code)

21. NAME AND LOCATION OF CEMETERY (City and State)

CERTIFICATION: I AGREE TO ACCEPT THE HEADSTONE OR MARKER ON BEHALF OF THE APPLICANT.

22. SIGNATURE OF PERSON TO ACCEPT DELIVERY (CONSIGNEE)

23. DATE

CERTIFICATION: I certify the type of headstone or marker checked in block 10 is permitted on the unmarked grave of the deceased.

24. SIGNATURE OF CEMETERY OFFICIAL

25. DAYTIME TELEPHONE NO. (Include Area Code)

26. DATE

27. REMARKS (If needed, continue on reverse for additional space)